

Lesson Dates:

Session #1 June 6 – June 16, 2011 Session #2 June 20 – June 30, 2011

FLORENCE FAMILY AQUATIC CENTER 2011 SWIM LESSON REGISTRATION FORM

(Check here)

Class Info: Group lessons are for children ages three (3) and up and scheduled with three (3) to six (6) students in a class. Please register for each session by the <u>Wednesday</u> before the session begins. All classes are Monday through Thursday allowing Friday as a make up day. *Adults interested in swim lessons or for private lessons please see Aquatic Center Manager*.

SKILL LEVEL: Beginner Advance Beginner Intermediate Lesson Times: Day Classes:	Session #3 July 11 – July 21, 2011 Session #4 July 25 – August 4, 2011	
Name	Lesson Times: Day Classes: 9:00 - 9:30 am 9:35 - 10:05 am 10:10 - 10:40 am	Evening Classes: 7:10 - 7:40 pm 7:45 - 8:15 pm
Name		
Name Male Female Age Birthdate Parent/Guardian Name/s Address Phone City State Zip	Name	Male Female Age Birthdate
Parent/Guardian Name/s	Name	Male Female Age Birthdate
Address	Name	Male Female Age Birthdate
CityStateZip	Parent/Guardian Name/s	
Emergency ContactPhone	Address	_ Phone
Emergency ContactPhone	City State Zip _	DISCOVER
involved including physical injuries and will pay all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, employees, the instructors, fellow participants and others affiliated with the program from any and all liabilities, claims, demands, actions or causes of actions resulting from physical injuries out of my/our participation. I have read and understand the nature of this waiver. Signature	Emergency Contact	
OFFICE USE: Payment: Cash Amt Check# Amt Date	involved including physical injuries and will pay all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, employees, the instructors, fellow participants and others affiliated with the program from any and all liabilities, claims, demands, actions or causes of actions resulting from physical injuries out of my/our participation. I have read and	
	Signature	Date
	OFFICE USE: Payment: Cash Amt Check	# Amt Date
Credit Card: MC VISA AE DISC Card #		
Exp. DateCVV Code Card Signature		